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ABSTRACT

This booklet (one of a series of 10 booklets in a reading project to benefit Kosair Children's Hospital in Louisville, Kentucky) contains 10 stories especially written for eighth graders by educators. The stories are about: effects of teenage drug and alcohol use/abuse; accidents and accident prevention; the loss of a father to cancer; a sister's reaction to her small brother's leukemia; an adventurous boy's apparent suicide; and similar topics. Students read the stories in the booklet and answer comprehension questions, and pledges are made by parents and friends for each question answered. The stories or story topics may be used in the classroom for instructional purposes and are intended to integrate the language arts, social studies, health, and creative arts. (SR)

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KOSAIR CHILDREN'S HOSPITAL'S

READATHON

KIDS HELPING KIDS

GRADE 8

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What is it?

It is an educational project designed to benefit KOSAIR Children's Hospital. Students at each grade level (K-8) read ten stories and answer comprehension questions. Pledges are made by parents and friends for each question answered.

What are these stories about?

The stories are about: diseases; accidents; accident prevention; children's reactions to hospital stays; dealing with personal differences; etc. For older children, the topics of alcohol and drug abuse are also included. Many of these stories highlight personal triumphs.

Who reads these stories?

Any child whose teacher and parent(s) support the project.

Can children receive help with reading and answering questions?

Yes. Parents are encouraged to help their child (regardless of reading ability) read and answer the questions.

How much instructional time will this take?

Very little. Teachers simply take a child's word for his participation and record the money returned. Upon completion of the program, the teacher completes a brief checklist for any prizes earned.

BENEFITS

Reading/Writing Experience

These stories are interesting and educationally sound at each grade level. The questions following each selection are based on a new questioning strategy. Children will be actively engaged in the reading/writing process.

Philanthropy

Children learn to be helping members of society as they raise money for less fortunate children.

Parental Involvement/Interaction

Children will have the opportunity to discuss with parents ideas and concerns that may never have been brought out without the questions following these stories.

Integration of Subjects

Teachers may use stories or story topics in the classroom for instructional purposes. Teachers will be provided with motivational and educational strategies to accompany these stories. These ideas help integrate the language arts, social studies, health, and creative arts. Many are based on whole language ideas, and higher level thinking skills are encouraged.

Intrinsic and Extrinsic Rewards

All children will receive an achievement certificate signifying their participation in the program. Children who collect $10 or more in pledges will receive prizes for their accomplishments. Best of all, children will gain a sense of pride as they help other children.

For more information, you may write of call: Susan Ramp Ridout, Ph.D.
Division of Education
Indiana University Southeast
4201 Grant Line Road
New Albany, Indiana 47150
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Kosair Children's Hospital's

READATHON

KIDS HELPING KIDS

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STORIES WRITTEN BY EDUCATORS FROM INDIANA AND KENTUCKY

A LETTER TO THE PARENT
ABOUT THIS BOOK AND YOUR CHILD

This booklet contains stories especially written for children of your child's age. They have all been written by educators. Many of them tell of the fears and feelings these educators had when they were children. Some of them are written through the eyes of a parent.

The stories deal with topics which are sometimes difficult for us to think or talk about. Yet, these very topics are the ones which our children most desperately need to have an adult share with them. Some of the stories may make you and your child cry or feel sad. Others will lift your spirits in memorable ways. Hopefully, one or two will cause you to say, "I had those same feelings."

It is our sincere hope you will use these stories as starters for a special time of sharing with your child.

No one knows your child better than you do. Therefore, we encourage you to preview the stories before your child reads them or you read them to your child. Some stories may be best read with your child. It is, of course, your right and responsibility to exclude any story which you may feel is beyond your child's present level of maturity.

At the end of each story are questions to be answered. At your discretion, your child may either write or discuss the answers with a responsible adult. Questions which are well suited for discussion are marked with asterisks (*). Questions answered in either form may be counted toward your child's fund raising efforts for the children of Kosair.

These booklets are in their first printing. If you have suggestions or comments which would improve their effectiveness in helping future readers, please call or write to:

Susan J. Gibbs
Director of Annual Giving and Special Events
Children's Hospital Foundation
601 S. Floyd Street
Louisville, KY 40202
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How Tall Are You?

Phyllis Hoffmeister
New Washington School

How tall are you? Do you play basketball? I wish I had a dollar for each time I was asked those questions! I am six feet and nine inches tall, and "Yes," I play basketball. No one really seems too surprised by my answers, but they might be if they knew at one time I wore leg braces because I could hardly run.

When I was young, I was badly "pigeon-toed." As I walked I crossed one foot over the other. Instead of wearing out the bottoms of my shoes, I wore out the tops! I always had to wear corrective shoes with special heels and turned-out toes. I surely wished for cowboy boots and sneakers like my friends wore, but I was stuck with drab, black oxfords. Even with special shoes, I could hardly run, and I fell a lot.

When I started school, I was taller than everyone in my class. I was also the slowest! There was no way I could keep up with the other kids in my class when it came to running. But I did have some great friends who let me play ball with them even though they knew I was really slow on the run. In races I got used to being last--even behind the girls!

In second grade I went to a special bone doctor to see if he could help my legs and feet get straighter. He decided to put me in leg braces. He knew boys really needed to run well. The braces were like big twisted cables that went from a heavy belt around my waist to my shoes. The cables helped keep my legs straight and my feet from turning in. I wore them all day, and I wore them all night. I thought it was kind of neat to sleep with my shoes on, but my mom didn't think it was so neat to have to clean all the sand and mud off my shoes each bedtime! Every few weeks I went back to the doctor to have the cables adjusted because every few weeks I grew! And because I was growing so fast, my legs and feet soon became

straighter as the bones grew like the braces held them. I ran a little better now, even with heavy braces on, and I even fell less.

After two years my bone doctor told my dad to throw away my braces and buy me some cowboy boots and sneakers. We went straight to the shoe store. I had never had but one pair of shoes before. We bought three! I grinned for weeks and couldn't wait for school to start.

Now I was in the fourth grade and still the tallest kid in class--probably the whole elementary school! This was the year for basketball trycuts. I had no problem being tall enough, but could I run well enough? There was only one way to find out. I gave it my best, and sure enough, my name was posted on the elementary team. I was still slow, and I didn't get to play much, but I was on the team. Also, I had a pair of real hightop basketball shoes of my very own.

I kept growing, running, and playing basketball. Now I am wearing college basketball shoes with several spare pair in my closet. Even in college I am not the fastest, but I beat a teammate now and then. Running is still hard for me, but I can run six or seven miles without stopping. For a kid that spent seven years in corrective shoes and two years in braces, that is not too bad!

I am not growing anymore. Soon I will not play on a basketball team anymore. But I will probably get asked the same question a few more times. How tall are you? "I am still six foot-nine." Do you play basketball? "No, I used to, but now I am studying to be a physicist."

Questions

1. Why did the boy in the story have trouble running well?
2. What things did he do to help himself run better?
3. What are corrective shoes?
* 4. How did braces help his legs and feet become straighter?
5. How were the boy's friends helpful?
6. What were some good things about wearing leg braces?
7. What were some not-so-good things about wearing leg braces?
8. Why is it important for a boy or girl to be able to run well?
* 9. What might have happened to the boy if he never wore braces?
10. Would you like to be six feet nine inches tall? Why or why not?

* Recommended for discussion

Amber's Birthday Party

Karen Rose
McKee Elementary

Amber Rose and Billy Cheek had been best friends since first grade. They had been classmates for ten years and had shared so much of their lives with each other. They shared all secrets except one. That secret Billy never told Amber.

Billy began taking drugs when he was fourteen years old. At first he took them to impress his friends at school. Then Billy found that he had to have drugs to make it through the day. On days when Billy was feeling nervous or worried, he would take valium which he stole from his mother. When Billy was feeling depressed or lonely, he would take speed which he bought from the pusher at school. The valium made Billy feel relaxed and in control. The speed gave Billy lots of extra energy and made him feel as if he could do anything. There didn't seem to be any middle ground for Billy these days. He was either up (high on speed) or down (relaxed on valium). The use of one drug led to the use of the other. He felt that without the drugs he was a nobody and that he couldn't do anything right. He came to depend on drugs more and more. His drug abuse was one secret that he could not share with Amber. He knew she wouldn't understand.

The first day of March would be Amber's birthday. It was only a week away. She had a great party planned and had invited all of her friends. Amber knew that her parents would be out of town on the weekend of the party. She also knew that most of her friends liked to drink to have a good time. Amber really wanted this to be a party that everyone would remember, so she planned to serve alcohol. Getting it would be no problem because she had bought it before. Amber looked older than sixteen, and Billy Al's never checked ID's.

Finally the big night arrived. It was a warm night for the first of March, and this added to Amber's excitement. Billy had come early to help Amber get ready for the party. He had been doing speed

for a few days and was very strung out. He had taken his usual amount of valium before coming to Amber's, but he still felt edgy. Amber and Billy moved all the furniture from the living room so there would be lots of room for dancing. They made sure that there was enough to eat and drink. Amber had bought wine coolers, beer, and mixed drinks so her friends could choose what they liked best.

Billy was still feeling keyed-up. He really wanted to relax and enjoy Amber's party, so he took another valium. Billy knew his drug use was getting out of hand. He wanted to talk to Amber about it, but he didn't know how to tell her. Amber sensed that something was wrong with Billy. She never knew what to expect from him. One day he would be talkative and happy, and the next day he would be moody and depressed. He seemed depressed tonight.

It was almost time for the party. Amber placed a tape of her favorite group, Poison, on the stereo and waited for her friends to arrive. Amber made sure everyone had something to drink. By 11:00 the party was in full swing. The alcohol was causing her friends to say and do crazy things. They were losing control. Amber had not drunk very much, and she thought it was fun watching her friends getting drunker and drunker. One boy had already passed out.

Amber noticed that Billy was also getting drunk. She asked him to stop drinking. By 12:00 everyone except Amber was drunk and out of control. Amber was scared and worried. She knew they would have to drive home in that condition. She should have thought about that before she decided to serve alcohol. Amber thought there was nothing she could do about it now. By 12:30 everyone had gone including Billy. He was still angry with Amber and would not listen to her when she asked him not to drive. He told her that he was not drunk and that he could take care of himself. He gave Amber an angry look as he left the house slamming the door behind him. Amber was hurt and confused. Billy was not himself anymore. Something was wrong with him. Amber wished she knew what it was.

The house was a total mess, but Amber was too tired to worry about it now. She decided to go to bed. She was just drifting into a troubled sleep when she heard the phone ringing. It was 2:00 a.m.; she wondered who would be calling at this hour. She picked up the receiver to hear words that she would never forget. Billy's father was calling from St. Mary's Hospital. Billy had wrecked. He was pronounced dead at the scene.

When Amber heard the receiver click on the other end of the line, she started to cry. Why hadn't Billy listened to her? She had known Billy was too drunk to drive. She could have stopped him somehow. Why hadn't she tried harder? If only she had not served alcohol at the party.

The next three days were the hardest days of Amber's life. She was tormented by her guilt. She blamed herself for Billy's death. She didn't think she could stand the pain and the grief of losing him. He was too young to die. She also had to deal with the shame of losing her parents' trust in her. They had been hurt and disappointed in her when they learned that she had served alcohol at the party. She felt that she had let her parents down and that she had let Billy down.

A week after Billy's death, Amber learned the results of the autopsy. Billy had not died from the wreck as everyone had thought. He had died from mixing drugs and alcohol. His heart had stopped beating. He was dead before the wreck. Amber was shocked to learn that Billy had been using drugs. Now she understood his strange behavior for the past few months. She blamed herself even more for serving the alcohol.

Amber hopes that other teenagers can learn from her and Billy's mistakes instead of making their own. That way Billy's death will have been for a reason--to keep others from making the same mistake. PLEASE--SAY NO TO DRUGS!

Questions

1. Why did Billy take drugs in the beginning?
2. Why did Billy take drugs at the end?
3. How did the valium make Billy feel?
4. How did speed make Billy feel?
5. Why did Amber serve alcohol at the party?
* 6. What could Amber have done after her friends became drunk?
7. What made Amber sense that something was wrong with Billy?
* 8. How could Amber have had a fun party without alcohol?
* 9. Could Amber have prevented Billy's death? If so, how? If not, why?
* 10. Explain why you should not abuse drugs and/or alcohol.

*Recommended for discussion

Stephanie

Carolyn Wells
(as told by her daughter, Holly S. Wells)
Grant Line Elementary

On April 25, 1989, a girl's life ended forever. Her name was Stephanie. We were in youth group together in our church. When I learned about Stephanie's death, it was very difficult for me. My father told me while we were in the parking lot at Druthers. I didn't feel anything but shock. I couldn't hold back my tears, and I felt them roll down my cheeks at a heavy, fast-moving pace.

Stephanie's ordeal began a year and a half ago on Christmas Eve, 1987. She was talking to her brother in North Carolina when she collapsed. Her parents thought she had fainted, but she had suffered a heart attack. When her stepfather saw that she wasn't breathing, he began CPR while her mother called an ambulance.

We learned that she was without oxygen for twenty minutes. That's a long time! She was rushed to Kosair Children's Hospital in Louisville and given expert attention from the doctors and nurses.

After weeks of lying in a coma, unconscious and not knowing anything, she was moved to Frazier Rehabilitation Center. Everyone was hopeful that her quality of life would improve with help from those specially trained people.

The doctors at Frazier suggested sending her to a hospital in Michigan that specialized in comatose patients. The trip did no good. Her parents brought Stephanie home and finally had to place her in a nursing home.

I remember the youth group went to see Stephanie before Christmas on our annual "Bake Cookies for Shut-Ins Day." When I saw her lying in that bed, my heart went out to her. A sign on the wall read, "Be careful not to move our little China Doll." That's what she looked like--a sleeping, beautiful, delicate china doll.

Just seeing her like that made the greatest impact on me. She looked as if she were in her own little world, living a life different than the one she was in.

I still have trouble getting used to the fact that she is gone! Stephanie's 16th birthday passed without her even knowing it. I felt sad because your sweet-sixteen birthday is one of the most special events in a person's life.

I had always hoped that Stephanie would come back to us. I will never forget Stephanie.

Questions

1. Wha happened to Stephanie?
2. What does it mean to be in a coma?
3. Where can you get help to deal with the death of a friend or relative?
4. Why was Stephanie sent to Michigan?
5. How do you feel when someone you know dies?
6. If Stephanie's heart condition had been known before her collapse, what might have happened?
7. What might have happened if Stephanie's father hadn't known CPR?
8. How would you feel if your sister had a heart attack and couldn't get better?
9. How could you help a person who is seriously ill?
10. How would your life be different if someone in your family was in a coma?

Michael's Story

Imogene Ramsey
Eastern Kentucky University

Michael is a blond, blue-eyed, active, energetic, eleven-year-old who is involved in activities many boys his age enjoy. There is, however, one way Michael differs from most boys his age. He has an artificial left foot and leg which is joined to the remaining portion of his own limb at the knee. He has had this since a short time after his left foot was accidentally injured when he was seven years old.

One day in April, when Michael was in first grade, his mother was mowing the lawn. He thought it looked like fun, and he was following her closely hoping to have an opportunity to try it out. As she was turning the mower around, Michael's feet slipped on the grass, and his left foot was mangled by the mower.

Michael doesn't recall details of some of the events which followed. He doesn't recall that the injury was particularly painful. He thinks he was probably in shock and, therefore, did not feel the pain. He does recall that his father came immediately and carried him to the house. His uncle drove him and his family to the hospital in Monticello, Kentucky, the nearest town. Doctors examined his injury and decided to send him to specialists in Lexington. They gave him medication which caused him to go to sleep. For that reason he doesn't remember the ambulance ride to Lexington. He does remember waking up the next day in the hospital.

Doctors and nurses in the hospital worked very hard to save Michael's foot. Gangrene, a condition caused by poor circulation of blood to injured parts of the foot, set in. A number of operations were performed on the foot. After four days, his doctor decided that his foot and part of his leg would need to be amputated. The doctor told his family who understood that this was necessary in order for Michael to get well. They agreed that the operation should be done. The doctor, a thoughtful and considerate man, felt that Michael should be told of the importance of the operation before it was performed. He declined to operate until he had explained to Michael what needed to be done.

Michael doesn't remember this part of the experience which is quite understandable. After all, he had gone through the shock of the accident and all of the efforts to save the foot and leg. His parents say that he was very calm and showed little or no reaction to the doctor's information. Michael doesn't recall how he felt.

After spending approximately two weeks in the hospital, Michael recuperated at home. Since he was not able to return to school during the weeks following his accident, teachers came to work with him, one in the hospital and another in his home. In this way he was able to complete the school year with his classmates.

Michael's leg healed well after the surgery. He soon began walking on crutches and later was fitted with a prosthesis (an artificial leg and foot). Learning to walk and run on the prosthesis took effort and determination. The leg did not feel or react as his own leg had. He had to learn what it would and would not do and how to compensate for the differences. And to be perfectly honest, the part of his leg which came into contact with the prosthesis hurt until it became conditioned to the pressure exerted by the weight of his body. Once he was able to discard his crutches, he made rapid progress. In fact he made such excellent progress that he was soon running and playing active games. He was interested in sports and determined to be involved in them.

The degree of Michael's success is reflected by the many sports in which he is involved. He swims and plays basketball and football, but his favorite sport is baseball. He has proven himself by developing skill as both a batter and a pitcher. He runs his own bases. In fact, Michael has been so successful that for the past two years he has been selected as an all-star first baseman in his baseball league.

He is a competitive player in all the sports in which he participates. He feels that the major effect of his accident has been on his speed in running, but he does not see that as an obstacle to the things he wants to do.

Many times people who have lost some parts of their bodies still feel that they are there, and this is also true for Michael. Sometimes the foot which is not there itches, and not being able to scratch or rub the itch is quite frustrating. When this happens, Michael says it "makes him crazy" and that he just walks until it stops.

When the school year begins, Michael will be a sixth grader. In the period since his accident, he has had four prosthesis . When he visits the doctor who checks his progress, he is measured to determine whether he needs a new one. Just recently, he received the fourth one.

Michael has not chosen a profession, nor is he strongly attracted to a particular one. He does feel that whatever he chooses to do, the leg and foot will not be significant problems.

Questions

1. Close your eyes and imagine you are looking at Michael. Describe him.

2. In what way is Michael like many eleven-year-old boys? In what way is he different?

3. What happened to Michael one April day when he was seven?

4. From the story, develop a definition for the following terms: gangrene, prosthesis. Compare your definitions with definitions from a dictionary. Do they agree?

5. What kind of person was Michael's doctor?

6. Why do you think Michael does not remember several events related to his accident?

* 7. In the first question you were asked to describe Michael's appearance. Now describe his personality.

8. How many prosthesis has Michael had? Why would he need so many?

9. Identify all the people in the story who helped Michael in some way. Describe what each person did to help.

* 10. Although no divisions are indicated, there are three main parts to Michael's story. What are they?

* Recommended for discussion

The Great Game Of Life

Arlene Mattingly
Madison Consolidated Schools

"Hey, Jerry, throw a high one!" "All right, Peggy, but don't miss it!"

It was great playing baseball with the old neighborhood gang--Judy, Doug, and Jerry. We would pair off and throw the ball back and forth for hours at a time. It was even more fun when someone would throw the ball straight up into the air. Not being afraid to go for it was a real challenge.

This day was another one of those beautiful, sunburst days in the middle of summer vacation. Not to have to go to school left more time for real friendships. Judy, Doug, Jerry, and I weren't boyfriends and girlfriends but only the kinds of friends who spring from the closeness of real neighbors. We had lived near one another for as long as we could remember. We were almost as close as a family. We could read one another's thoughts before a word was spoken.

I guess that's why I remember this day so well. We were playing as usual when Jerry threw a really high ball. I tried for it, but when I missed, it bounced and landed in Mrs. Peters' yard. It wasn't the first time this had happened, but it was my first time to go fetch. Jerry's glance was one of relief. Why was everyone so afraid of Mrs. Peters, and why did she seem to dislike people so much?

As I bravely walked into the yard to retrieve the ball, Mrs. Peters appeared at the door. She glared at me, not saying a word, but shaking her finger in utter dismay. Her hair was pulled tightly against her head, and her stern facial features were almost frightening. Her dark eyes never left me as I picked up the ball and raced out of the yard. I could hear a screen door open and close, but I did not dare to look back. Jerry appeared from around a bush to tell me that Mrs. Peters was gone. It was 2:30, the time she always left

to catch a bus for downtown. We didn't know why or where she went, but we were just relieved that she was gone. None of us liked Mrs. Peters very much, and we felt that the feeling was mutual.

The summer passed, and although we tried to be more careful, we had several similar encounters with Mrs. Peters. She was a mysterious person. We didn't speak to her, but we always knew that at 2:30 she would leave our neighborhood and ride the bus away.

It was three years later when I, too, left the neighborhood. My family and I moved to another part of the city. I really missed my friends, but we kept in touch over the years. Growing up was inevitable for all of us, and we learned many lessons along the way.

My hardest lesson and worst heartache came when I was a junior in high school, and Dad became very ill. He had terrible headaches and had to go to the hospital for tests. It was confirmed that Dad had a brain tumor and would have to have surgery. He was taken to General Hospital downtown. Walking into the ward where Dad stayed was like walking into Mrs. Peters' yard. I was frightened and scared. There were many patients in that large room. I saw so many other sad and worried people gazing at their sick friends and relatives. Why did our loved ones have to suffer? Why couldn't we just run in and take them back home with us?

Dad's condition worsened, but my love for him grew. I saw before me a dear, sweet man who accepted his sickness without bitterness or fear. He seemed to trust, as we did, that the doctors were doing all that they could to help him and that his suffering was not in vain. He was touching many hearts with his love, and so were the doctors and nurses who cared for him.

As I stood quietly beside his bed one afternoon, I heard the soft wheeling sound of a small cart. There was a woman coming down the hall pushing her cart. She was giving books and magazines to any sick person or visitor who wished to read. This kind deed was well appreciated by the sick for it helped them pass time and set their attention away from their suffering. As I watched the woman drawing closer, a strange feeling came over me. Could it possibly be? I wasn't sure until she turned and looked at me. It was Mrs. Peters! Now I knew that her daily bus ride at 2:30 took her to work at General Hospital. She was giving her time to help others.

I will never forget the lessons learned from Mrs. Peters. People have rights of privacy and ownership of property. No one should take these rights away. External appearances are not always the measure of a person's character. Mrs. Peters had demonstrated that. I had truly misjudged her.

My dad died from cancer that year, but his memory has never left my heart. Just as I now see Mrs. Peters in a clearer light, I also see pain and suffering, shared by loved ones and friends, in a different light. It is all a part of the Great Game of Life.

Questions

1. What did Peggy enjoy most about summer vacation?

2. How would you describe Mrs. Peters?

3. What kind of friends were Judy, Doug, Jerry, and Peggy? What made you think so?

4. Do you know anyone like Mrs. Peters?

5. How was walking into a hospital ward like walking into Mrs. Peters' yard?

6. How did Peggy's father accept his illness?

7. Why shouldn't a sick person become bitter over their illness?

8. Is there any kind of service that you can perform for the sick in a hospital?

9. How might Peggy and friends have treated Mrs. Peters if they had known about her work at the hospital?

10. Can you see any comparisons between the game of ball and the game of life?

. . . and Such a Vacant Look.

Roger L. Griffin
Jessamine Consolidated High School

I could not remember a time in my life when I had felt colder than I was right then. I stood, looking out over the Ohio River, staring into the bleakness that was the river and a winter-dead bank that was Indiana. A February winter storm, my father's death, and a visit to a psychiatric institution all contributed to make me feel cold . . . cold, from the inside out. I had just stepped out into the weather from having visited Susie Chapman.

Six days before, I had attended my father's funeral on Valentine's Day, 1986. Now I was in Louisville keeping an eye on my invalid mother. I had decided to find out if Susie was still a patient at Northern Kentucky Psychiatric Clinic. It had been three years since I had last visited her. I told myself then that I could never come back.

The first time I met Susie was at her father's church. Rev. Chapman was the minister of Southside Methodist Church of Lexington, and I was a narcotics officer with the Lexington Police Department. Rev. Chapman had asked the police department for a speaker. He wanted someone knowledgeable about teenage drug and alcohol abuse and prevention, and I was sent.

When I pulled into the parking lot, a pretty, little girl in a bright red dress ran out of the church and greeted me. "Are you a policeman?" she asked.

I said, "Yes."

"This doesn't look like a police car," she remarked. It was a beat-up, blue, 1984 Chevy. I told her I was a "narc," and her eyes lit up.

"Like on TV?" she asked. She was excited to be talking to a real, live policeman.

I was sitting at my desk, almost a week later, when the mail was delivered. I began opening the mail and found the usual assortment of anonymous tips, hate letters, and "junk mail," but one

was different. I came upon a bright red envelope addressed to me. It was a valentine's card from the youth group of the Southside Methodist Church. In a small, separate envelope inside the card was a special Valentine--a valentine from Susie Chapman. I had even forgotten that it was Valentine's Day.

I left work that afternoon feeling better about the world and stopped to buy a rose for Susie. I took it by the rectory that evening and found her and her father working hard. When I gave her the flower, she cried. "This is the prettiest flower anyone ever gave me." It was hard for her to talk through the sniffles. Her father told me it was the only flower anyone had ever given her. I visited the Chapmans and Susie several times in the next few months but when hot weather came the visits ended.

There is an almost unbelievable amount of drug trafficking in Lexington, Kentucky, and the summer of 1975 was no different. I had not forgotten about Susie Chapman. I had just been too busy to go see her again. One afternoon in late August, I overheard a dispatched call to a familiar address. "Possible drug overdose," came the droning voice of the police dispatcher. I asked for the address and particulars and was told by the dispatcher, "There is a young girl passed out in her backyard. Her father has been notified. The person reporting this says the girl is not moving, but she is breathing."

When I pulled up to the house, it seemed like ten years had passed since I had heard the call. Actually, it wasn't even five minutes. I ran to the backyard and found several people standing around a little girl on the ground. She had her eyes open. She was breathing, but . . . she was not moving. And she had a vacant look in her eyes! I made everyone back up and bent down over Susie Chapman. I asked her what was wrong, but she did not respond. I repeated myself several times; she still did not respond. I asked if anyone standing around knew anything. No one did. I told her who I was. I told her I had another flower for her. I told her that her father was coming. Paramedics arrived, but for some reason, I did not want them touching Susie. I picked her up and carried her to the ambulance and rode with her like that to the hospital.

On the way to the hospital, small square, purple and yellow pieces of paper fell from her hand onto the ambulance floor. I knew what those were. They were "four-way, window-pane acid." They were "hits" of very potent LSD. Susie had overdosed. The hospital

could not help her! They made her comfortable, gave her an I.V. and talked to her. I talked to her, but she would not, no, COULD NOT answer. An overdose of LSD does not kill you. It interferes with your brain so much that you might never recover.

We found out through an investigation that Susie's best friend had given her several "hits" of four-way, window-pane acid, and Susie, knowing nothing about drugs, took two entire hits. It was enough for eight to twelve adults to have taken. No arrest was made. Her friend was thirteen and had gotten the drugs from some motorcycle gang in the park. The friend told her it was sweet and to eat it.

. . . . . .

I have just walked out of the front door of the clinic. I am standing here freezing, staring at nothing, reflecting back on the past few days. I am startled by a man's voice, "Officer Griffin, is that you?" It is Rev. Chapman. I can say nothing. I just grab him and hold on. We cry in each other's arms for a few seconds. All I can say is, "She still has that same vacant look. She didn't even know I was in the room." I didn't even say good-bye to Rev. Chapman. I just walked away . . . forever.

Questions

1. What might have happened if Officer Griffen had kept visiting Susie after Valentine's Day?
2. What is a *narc* ?
3. Was Officer Griffin right or wrong to pick Susie up while she was unconscious? Why?
4. What was wrong with Susie that kept her in the hospital?
5. What is meant by the "winter-dead bank" in the story?
6. What would be another name for LSD?
7. What do you now know about LSD and the brain?
* 8. What kind of job did Officer Griffin have? Was he the kind of person needed for the job? Why?
* 9. How would you have felt if Susie had been your sister?
* 10. Was Susie's best friend really her best friend? Why or why not?

*Recommended for discussion

My Brother is Dying

Sharon C. Hatton
Georgetown Middle School

I was seven years old when my brother, Billy, was born. Here at last was the baby my parents had waited for all of their married life. This does not mean they did not love me, but, after all, being a girl, I was not the ideal heir. I could never be the child to carry the family name into the next generation as this newborn son could.

Soon after this blessed event, I became keenly aware that I no longer was the sole reason for my parents' existence. I was now forced to share their love with my new baby brother. Being the bright young lady everyone knew me to be, I quickly took a survey of the situation and planned my method of retaliation. All I had to do was convince my parents to see this alien creature for what he really was--an unnecessary and unwelcomed addition to an otherwise perfect family.

I was never one to miss the opportunity to make the most of a bad situation. I took advantage of every chance I had to be alone with Billy in order to antagonize him. I made his young life miserable. I would slip into the nursery, jerk the warm bottle from his perfect, rosebud-shaped mouth and await the primal scream most babies emit. But not this baby! Oh, no, he would look up at me with eyes so dark they appeared to be almost black. He clapped his hands together, laughed, and kicked his fat, little legs into the air. He had mistaken my malice for playtime. Didn't he realize I had a much more important mission than to merely entertain him?

When the old "jerk-the-bottle-from-the-mouth" didn't bring about the desired result, I became even more vicious in my attack on this poor unsuspecting infant. Looking over my shoulder, to make sure there was no one present to view my heinous crime, I reached into the crib and pinched his fat, sausage-like legs until he would scream at the top of his lungs. Hopefully, if he became an unhappy baby, my parents would soon tire of him and send him away. Then, once again, I would be the center of their universe.

I continued my ruthless quest to rid our lives of this intruder throughout his infancy and into early "toddlerhood." I found it necessary to become more subtle in my approach once the lad began to talk. The first word the little brat learned to utter was, "Sissy," and, believe me, there was no question about this word. He pronounced it with adult-like clarity.

The more I tormented Billy, the more he seemed to adore his older sister. He constantly followed me around from room to room and looked at me with those huge, brown, puppy dog eyes. I pushed him away only to have him come back to me, throw his pudgy, little arms around my neck and exclaim, "I love you, Sissy." What was wrong with this kid? Couldn't he see what I was trying to do? Maybe he was smarter than I thought! Perhaps he thought if he lavished me with his unconditional love, I would learn to love him back and accept him as part of my family. No, that wasn't it. This little fellow really did love me; maybe he wasn't so bad after all!

By the time Billy reached his fourth birthday, I concluded there were some things actually worse than having my life disrupted by this beautiful, happy, little boy. One of those was not having Billy in my life. Wait a minute, when did the loathing I had for the last four years develop into love? Obviously, this had not happened overnight, but, rather, it had gently unfolded over a long period of time. Yes, I finally had to admit it; I did truly love my little brother more than I had ever dreamed possible! He was a very important part of my life. I decided we would keep Billy, and I dared anyone or anything to try to take him from us.

As winter turned into spring, I noticed Billy did not seem to have the energy he once had. I found him lying down more and more, playing less and less and even eager to take his naps. He did manage, however, to shower me with his selfless love and delight in the attention I showed him. I was the one he wanted to hold him when he wasn't feeling well. I was the one he called when he awoke in the middle of the night. All spring long, my parents took Billy from one doctor to another. Each time, they returned looking more helpless and more unhappy. Billy, it seemed to me, got sicker and sicker.

One hot summer night, I was having trouble falling asleep and heard my parents talking in the next room. I could tell from my mother's voice that she had been crying. I quietly left my bed, slipped down the hall to my parents' room, and rapped softly on the door. My father beckoned me into their room. As I approached the

bed, my mother took me into her arms and held me as violent sobs racked her thin body. Finally, she regained her composure, and my father encouraged her to tell me what had been going on for the last several months.

It seems that Billy had a form of blood cancer called leukemia. My mother explained this by saying that our body has two different kinds of blood cells, red and white. The red blood cells produce blood, and the white blood cells produce antibodies which help our body fight infection. With leukemia, the white cells are being formed in the places where red cells should be formed. This means the body is not producing enough red blood cells to manufacture the blood the body needs in order to live. This is a terminal disease my mother sadly explained. Terminal? That meant death! Was she trying to tell me that the sweet, boy-child sleeping in the room next to mine was dying? How could this be? He was only four years old. He had just begun to live.

Mother continued by saying that currently Billy was in something called *remission* . This meant that for an unknown length of time, he would be feeling somewhat better, but he would not be his old self. Remission, however, did not mean cure but more like a rest when the disease would not be fighting Billy's immune system. More than likely, the disease would recur sooner than we expected, and once again Billy would be a very sick little boy. The only successful treatment at this time for leukemia was something Mother called a *bone marrow transplant* . Being very anxious to find anything which would help my brother, I asked my mother just what she meant when she said a bone marrow transplant. She looked questioningly at my father, who nodded, smiled at me, and lovingly patted my shoulder. He said, "Go ahead and tell her. Let her decide for herself."

It seems that a bone marrow transplant is a procedure where the marrow from a healthy individual is removed and injected into the body of the diseased person. It is within the bone marrow that red blood cells are produced. Hopefully, the healthy marrow takes over the diseased marrow and starts to produce healthy red blood cells. This is a very painful procedure. A large needle is used to puncture the breastbone of the donor, the one giving the marrow. Red bone marrow is removed and then injected into the bone of the person with leukemia. All this sounded horrible and made my chest hurt just thinking about it!

What my mother said next scared me to death and almost made me forget the pain in my chest. The most successful bone marrow transplants are those between siblings. I may have been only eleven at the time, but I was smart enough to know that *sibling* meant brother and sister, and I was the only sibling Billy had. She continued to explain the procedure to me. Upon completion, she assured me it was my decision to make, and we would live with whatever I decided to do.

I kissed my mother and father good night and slowly walked back to my room, but not before I looked in on my sleeping brother. There he lay smiling at some mysterious thought he alone was experiencing while he was dreaming and sleeping so peacefully. What a beautiful, little boy he was, and how very much I loved him. Finally, I managed to get back into bed, but sleep would not come. I tossed fitfully from side to side. Was I still the selfish sister who did not want a brother? I had not loved him at first, but now I loved him very much.

Billy's remission ended at the end of August, and he was in and out of the hospital several times during the last month. Somehow, he managed to remain the same happy, loving, little boy who adored his big sister.

It is late September now, and tomorrow I am going to be admitted into the hospital for the bone marrow transplant. I will be in the hospital for several days. I know the pain I will experience will be nothing compared to what Billy has gone through for the last year. I am donating for the transplant not because I feel guilty for not having loved Billy, but because I love him more than anything in the world, and I would do anything for him.

I hope the bone marrow transplant is successful and Billy is cured of this horrible disease. But, regardless of the outcome, he will always know his big sister loves him, for without him my perfect life would have never been so perfect.

Questions

1. What illness did Billy suffer from?

2. What, at the time of the story, was the most successful treatment for the disease?

3. What are some other diseases you know to be terminal?

* 4. What do you think the sister should have decided to do?

5. What happens in the body that causes one to develop this disease?

6. How would Billy's health problems progress without the treatment?

* 7. What might have happened to Billy's relationship with his sister if he had not developed this disease?

* 8. How would the story have been different if it had been the sister, rather than Billy, who had developed this disease?

* 9. Was the sister's reaction to her new brother normal, and how can you justify the way she behaved toward him?

* 10. How do you think the transplant affected Billy's condition?

* Recommended for discussion

A Birthday to Remember

Phyllis F. Ramey
Nicholas Consolidated Elementary

My sister, Susan, was a senior in high school, and I was a sixth grader. Our relationship was no different than most brothers and sisters--arguments, jealousies, separate and common interests. On Susan's seventeenth birthday, we learned a good lesson in obeying parents.

It was a beautiful May afternoon, and we had just gotten home from school. We changed our clothes and went outside to do our daily chores on the farm. I wanted to finish as fast as possible so I could ride my motorcycle.

As soon as I finished, I headed for the barn to get my motorcycle. I was so proud of it. Mom and Dad had given it to me for Christmas, but I had to follow some very specific safety rules, or I wouldn't be allowed to ride. So I always tried to be very careful when I was riding.

After I had been riding for a while, Susan came outside and begged me to let her ride with me. She said, "After all, it is MY birthday, and YOU should let me ride." She wasn't big enough to handle the motorcycle by herself, but she was allowed to ride with me. We rode until Mom yelled for us to come to eat dinner.

After dinner Mom and Dad had to go to a meeting. When they returned we were going to celebrate Susan's birthday. Before leaving, Mom warned us to put the motorcycle away until they returned. One of our rules was not to ride if our parents were not at home.

They had been gone about fifteen minutes when my sister said, "Let's go for another ride." I reminded her that we weren't allowed to. But we had had so much fun!

"Well, maybe one little ride!" I replied.

So, off we went. We rode up and down a gravel road for a long time. Susan was getting bored riding behind me, so she started begging me to let her ride by herself. I knew that was definitely

against the rules, but she kept begging. After all, she was older than I. She should be able to handle it. So I gave in and gave her a five-minute lesson on safety.

She took off down the road at a slow pace, and she looked like she knew what she was doing. She gave me the "O.K." sign and rode out of sight. I sat down on the ground to wait for her.

I heard the sound of the motor in the distance for a few minutes. Then I heard a blood-curdling scream. I thought, "Oh, no! Please, don't let that be Susan!" Then I heard another scream. I knew it had to be her. So I ran as fast as I could down the gravel road to find her.

It seemed like I ran for an hour, but it was only a few minutes. When I got to her, she lay in the gravel with her mouth bleeding and her face cut and scratched. She said, "Scott, please help me! I think I've torn off my lip!"

"It doesn't look that bad. Be still and be calm, and I'll go for help," I told her. I ran to the house and called a neighbor who lived about a mile down the road. I got a towel, wet it, and ran back to Susan.

When I got back, she was holding her mouth and crying. "Oh, Scott, I've broken off my teeth!" I wanted to cry, too, but I knew I had to be brave. Her face was already beginning to swell, and she had little pieces of gravel stuck in her skin. I knew she had hit the gravel face first.

Our neighbors, Mr. and Mrs. Bradley, finally arrived. They decided to take Susan to the hospital which was twelve miles away. They would call Mom and Dad from there. Mrs. Bradley helped clean Susan's face and tried to comfort her on the way.

When we arrived at the hospital, Susan was taken to the emergency room. We waited in the lobby. I paced the floor and watched out the window for Mom and Dad. I knew they were really going to be upset with me. I would probably never get to ride my motorcycle again. My sister would probably have a big scar on her face, and her teeth were broken. She had always been a pretty girl, but now what would she look like?

Finally, Mom and Dad arrived. They rushed into the room where Susan was. After a while, Mom came out and said Susan would be fine. They were putting stitches in her lip, and she would have to see her dentist in the morning to have her teeth repaired. She came over and hugged me and said, "Don't worry. Susan will be all right!

Everybody makes mistakes. Maybe you and Susan have learned a lesson you won't soon forget. Dad and I are just thankful that she wasn't hurt worse."

After an hour, Susan came out of the emergency room looking like she had been in a fight and lost. But she was going to be fine. It would take time, but she would still be a pretty girl.

Susan never wanted to ride the motorcycle again. She had to go to her senior prom with a swollen face and stitches in her upper lip. She will never forget her seventeenth birthday. Neither will I!

Even though we weren't perfect through the rest of our teen years, we did learn to respect Mom's and Dad's rules. We learned the hard way that the rules were made to protect us from harm.

Questions

1. What do you know about Susan?

* 2. What was the relationship between Susan and Scott?

3. What caused the motorcycle accident?

4. What could have happened if the Bradleys had not been home?

* 5. After the accident, how would you have felt if you had been Scott?

6. Why were the parents not at home when the accident occurred?

* 7. Why did Scott allow Susan to ride the motorcycle by herself?

8. Were Mom and Dad too easy on Scott and Susan? Explain your answer. What would your parents have done?

* 9. What would you have done if you had been Scott and your sister wanted to ride your motorcycle?

* 10. If Susan and Scott lived in the city, where could they have gone for help?

* Recommended for discussion

Lenny's Last Adventure

Claudia Crump
(with the permission of Leonard's mother and the principal of his school)
Indiana University Southeast

"Leonard F. Ness II, age 11, SUICIDE through Hanging." That was the small-town newspaper report of Lenny's death. Everybody who knew Lenny was in shock. And everybody seemed to know him. Much could be said about Lenny. He was precocious. That means he was ahead of his age in thinking. Lenny was articulate. He had words for talking to anyone--"a gift of gab," we call it. He was inventive in thinking of the most unusual things and in thinking about everything. He found it hard to study math or to write for as long as five minutes. Most of all, Lenny was adventuresome. He not only thought and talked about new things--he tried them! And this was a constant problem. He seldom walked along the school hall without darting off here and there to explore. This bothered Lenny's teachers and his classmates. They were always late from just having to wait for Lenny.

Lenny often took chances without thinking about the results. He climbed tall trees and then couldn't get down. His aunt rescued him. He crawled under a bus to get a stone. A watchful principal pulled him back just in the nick of time.

Lenny often talked about jumping off of high places. And he sometimes did! This may be how Lenny ended his life with another "high" adventure. No one knows. No one will ever know for sure. What do you think happened?

Like many boys his age, Lenny hated to go to bed. Then he hated to get up to go to school. Once at school, he dozed through many classes. So Lenny's mother and teachers had to be firm. The rule was to go to bed earlier.

One night, as Lenny undressed, he could hear Chris, his younger brother, watching television in the next room. Lenny hung his belt over the bedpost and climbed up to the top bunk. His active mind

was not ready to sleep. He played with the belt. He pulled it under his chin. Perhaps he dozed and in his sleep flipped off the bunk. Again, he may have been thinking about jumping off high places as his imaginative trip became real. Maybe he just wanted to get even with his mom and teachers for having to go to bed early. For sure, he did not think ahead. Lenny must have died immediately as his 90 pounds jerked against the loose belt.

This time there was no one to pull Lenny back or to rescue him from a high place. And so Lenny's accident, or adventure, ended his life. But in some ways, his life wasn't ended. The family would miss Lenny. His teachers and schoolmates would miss him. Oh, how all would miss him! They thought a lot about the young boy who did not always think ahead.

Lenny's mother felt she could deal with his death better if her son helped others live better lives. Lenny's heart, kidneys, eyes, and skin were all strong and healthy. These organs were donated to help others live and enjoy life through organ and skin transplants. In such operations, a healthy organ or patch of skin replaces damaged ones. Perhaps a young girl's blood could be pumped with Lenny's strong heart. Perhaps a little boy's short life would not be so short after a kidney transplant. Perhaps a father would again see his baby son through Lenny's eyes. A pretty girl, scarred with burns from an automobile accident, might once again be made beautiful with skin grafts.

The newspaper reported that Lenny had hanged himself. The police who investigated did not agree with the report. Family and friends who knew Lenny well did not agree. To them Lenny was on another high adventure without thinking ahead. What do you think?

Questions

1. What grade level do you think Lenny was in? What clues tell you this?

2. What kind of letter grades do you think Lenny made in school? Why do you think this?

3. What does *transplant* mean in this story?

* 4. What things other than body parts can be transplanted? How would you feel about giving or accepting transplanted body parts?

5. What was Lenny's main problem?

* 6. Do you sometimes have this problem? Tell about it.

7. How do you deal with your problem?

* 8. If Lenny had lived, what do you think he would have become?

* 9. What might have Lenny have been thinking about on his high bunk?

* 10. Have you ever considered suicide as a way to solve problems? Tell why or why not.

* Recommended for discussion

Aunt Birch is Off the Wall

Claudia Crump
Indiana University Southeast

Let me tell you a story from long ago (in your life) but not so long in mine. At that time I was a young teenager. Every time an important date--a really important one--came up, I seemed to be suffering with a sore throat. Finally, the family doctor gave me no choice but to have my troublesome tonsils out. How embarrassing to be a teenager and have to have my tonsils out! That was kid's stuff, so I decided to keep the event quiet. But I underestimated my aunt. She was a school teacher and a bit, shall I say, "inquisitive." You know how teachers like to ask questions. Mind you, I'm not saying all teachers are inquisitive, but my aunt certainly was. She wanted to know everything about everything. When my mom let it leak that she was driving me to the doctor's office, Aunt Birch insisted that she go along to observe. She considered herself quite brave in blood and war, especially with kids.

The dreaded day dawned with no liquid or breakfast for me. I really was uncomfortable and nervous, too, for good reason. The tonsillectomy was to be performed by the family doctor in his office with only a local anesthetic shot into my throat. I recall that it was a very hot day and that my mom bowed out to stay in the unairconditioned waiting room. But guess who posted herself against the wall in full view of the south end of my tonsils. That's right! Aunt Birch, assured that she was tough enough to see this kid operation through, was there with her purse on her arm. At this point, my view of the room was from a dentist-like chair, mouth wide open with at least five plier-like tools stationed against my lower teeth and tongue. And, yes, there were Aunt Birch's inquisitive eyes.

The doctor kept saying, "Wider, wider!" I stretched until my lower jaw started shaking. I couldn't stop it! I tried to concentrate on the fly that kept circling on the ceiling. That didn't work. I followed the circulating ceiling fan with my eyes. That didn't work.

I tried thinking about the cool guy I was sure to date next week because tonsils couldn't stop me this time. Even that didn't work. The tools rattled out of control as the doctor snapped instructions to the nurse. I tried harder, and the jaw shook more. To add to my troubles, I felt no pain, and yet I could feel the sharp knife cutting away at my tonsils. On my empty stomach, the salty taste of blood was absolutely revolting. If my tongue could have moved, it would have demanded that everything STOP! Just when I couldn't stand it any longer, everything changed.

Aunt Birch fainted! I watched her upper body slide slowly down the wall and disappear below the horizon of tools. She literally slid right off the wall. At first I was concerned until the doctor said, "Let her alone. She'll be okay resting on the floor." Then he started laughing. The nurse joined him, and, believe it or not, I laughed, too. My mouth relaxed, and the operation proceeded without a bobble.

After the last stitch was tied off, everyone's attention turned to Aunt Birch. There she lay, purse still on her arm, resting just as she had slid down that wall. After a dowse of water, she opened her eyes to meet three sets of inquisitive eyes staring down at her. Was she all right? Certainly, except for some embarrassment. Secretly, I was very glad that Aunt Birch had been inquisitive enough to want to learn about tonsillectomies. She saved the day for me, but the humorous story spread like wildfire. Now my secret tonsillectomy was no longer secret. All my friends teased and teased me, but not as much as Aunt Birch was teased about her "off the wall" inquisition. But do you think she changed? Not Aunt Birch!

Questions

1. What was a tonsillectomy like 45 years ago?

2. What do you know about tonsillectomies today?

3. How many changes in the operation can you identify?

4. What is usually meant by "off the wall" and "spreading like wildfire"? Were the terms used in the usual way in the story? Explain.

5. Why was the tonsillectomy more important to the doctor than Aunt Birch's fainting?

6. What events could have changed the doctor's mind?

7. Why did the writer try concentrating on different things?

8. Tell about someone you know who is like Aunt Birch.

9. Was it really important that the tonsillectomy be kept a secret? Why?

* 10. Tell about a time when you have been unsuccessful inkeeping a secret. How did you feel, and how did you handle the situation.

* Recommended for discussion